



PTO/SB/01 (10-00)

Approved for use through 10/31/2002. OMB 0651-0032 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERC Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

# DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)

☑Declaration
Submitted OR
With Initial
Filing

□Declaration
Submitted after Initial
Filing (surcharge
(37 CFR 1.16 (e))
required)

Attorney Docket Num	nber VCC0049	\		
First Named Invent r	BERGQUIST, Ake, et al.			
co	OMPLETE IF KNOWN			
Application Number	To Be Assigned/			
Filing Date	Herewith			
Group Art Unit	To Be Assigned			
Examiner Name	To Be Assigned			

As a below named inventor, I hereby declare that:								
My residence, post office address, and citizenship are as stated below next to my name.								
I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:								
MOTOR VEHICLE								
the specification of which (Title of the Invention)								
is attached hereto								
OR								
□ was filed on (MM/DD/YYYY) as United States Application Number or PCT International								
Application Number	and	was amended on (MM/DD/Y	YYY)		(if applicable).			
I hereby state that I have revie specifically referred to above.	ewed and understand the conte	ents of the above identified sp	pecification, includin	g the claims as a	amended			
applications, material informat	close information which is mate tion which became available be continuation-in-part application	etween the filing date of the p						
I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.								
Prior Foreign Application Foreign Filing Date Priority Certified Co								
Number(s)	Country	(MM/DD/YYYY) Country	Not Claimed	YES	NO			
PCT/SE99/02332	PCT	12/14/99			⊠			
SE 9804431-6	Sweden	12/18/98		, <b></b>	⊠			
☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:								
I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.								
ApplicationNumber(s	s) Filing Date (	MM/DD/YYYY)						
			numbers a	provisional appre listed on ental priority da B attached he	ata sheet			

[Page 1 of 2]

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.





PTO/SB/01 (10-00)

Approved for use through 10/31/2002. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

## **DECLARATION** — Utility or Design Patent Application

Direct all correspondence to: ☐ Customer Number or Bar Code Label ☐ OR ☐ Correspondence address below									
Name	Tracy W. Druce								
Address									
Address 11130 Sunrise Valley Drive, Suite 300									
City State ZIP									
Reston						VA 2			1-4329
Country Telephone						Fax			
us			( <u>703)</u> 6	648-8500				(703	648-8501
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.									
NAME OF SOL	E OR FIRST	INVENTO	R:			A petition has be	een filed for	r this	unsigned inventor
Given Sumame BERGQUIST or Sumame									
Inventor's Signature Date								ate	
Residence: City State				C	Country			itizenship	
Vastra Frolunda	<u> </u>				S	weden		S	wedish
Mailing Address	s Alga	itan 17							
Mailing Address	3								
City State ZIP Country									
Vastra Frolunda									
NAME OF SECOND INVENTOR:  A petition has been filed for this unsigned inventor									ianad inventor
					$\neg$	•		triis i	unsigned inventor
Given Name Goran					Family Name LARSSON or Surname				
Inventor's Date Signature									
Residence: City State Country					Citizenship				
Torslanda			S	Sweden			Swedish		
Mailing Address Gamla Lillebyvagen 9A									
Mailing Address									
City State ZIP Country					untry				
Torslanda					s	-423 54		Sw	veden
Additional inventors are being named on the 2 supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.									





Approved for use through 10/31/2002. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

## **DECLARATION**

#### **ADDITIONAL INVENTOR(S)** Supplemental Sheet Page <u>1</u> of <u>2</u>

Name of Additional J	loint Inventor, if any:		☐ A petition has been filed for this unsigned inventor						
Given Name (first and middle [if any])			Family Name or Surname						
Anders			GUNNARSON						
Inventor's Signature				Date					
Residence: City	Goteborg	State	Sweden Country	Swedish Citizenship					
Mailing Address S. Viktoriagatan 27									
Mailing Address									
City Goteborg		_State	S-411 25 ZIP	Country					
Name of Additional	Joint Inventor, if any:		☐ A petition has been file	ed for this unsigned inventor					
Giver	n Name (first and midd	le [if any])	F	Family Name or Surname					
Simon			LAMARRE						
Inventor's Signature				Date					
Residence: City	Vastra Frolunda	State	Country Sweden	Citizenship Swedish					
Mailing Address	Violblommegatan 1	7							
Mailing Address									
City	Vastra Frolunda	State	S-426 68 <b>Zip</b>	Sweden Country					
Name of Additional J	loint Inventor, if any:		☐ A petition has been filed for this unsigned inventor						
Given Name (first and middle [if any])			Family Name or Surname						
Karin			REIKERAS						
Inventor's Signature				Date					
Residence: City	Goteborg	State	Country Sweden	Citizenship Swedish					
Mailing Address	Prinsgatan 10								
Mailing Address									
City	Goteborg	State	Zin S-413 05	Country Sweden					

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.





Approved for use through 10/31/2002. OMB 0651-0032 Please type a plus sign (+) inside this box -

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

### **DECLARATION**

#### ADDITIONAL INVENTOR(S) Supplemental Sheet Page <u>2</u> of <u>2</u>

Name of Additional Joi	nt Inventor, if any:	A petition has been filed for this unsigned inventor								
Given Name (first and middle [if any])				Family Name or Surname						
Kjell					REIKERAS					
Inventor's Signature							Date			
Residence: City	Hokerum	State Country					Swedish Citizenship			
Mailing Address Lundagarden Hellstad										
Mailing Address										
City Hokerum		State	ZIP	S-	523 99	Cou	Sweden Country			
Name of Additional Jo	int Inventor, if any:			A petiti	on has been filed	for th	nis unsigned inventor			
Given N	Name (first and middle	e [if any])		Family Name or Surname						
Einar			LE	LENNARTSSON						
Inventor's Signature							Date			
Residence: City	Sollebrunn	State	Country Sweden				Citizenship Swedish			
Mailing Address	Pl. 142 Magra									
Mailing Address										
City	Sollebrunn S	tate	Zip	Zip S-466 92 Cou			ountry Sweden			
Name of Additional Joint Inventor, if any:						his unsigned inventor				
Given Name (first and middle [if any]) Family Name or Surname					Name or Surname					
Birgitta				THORSSON						
Inventor's Signature Date										
Residence: City	Varberg	State	Country Sweden				Citizenship Swedish			
Mailing Address	Ostra Vagen 43									
Mailing Address										
City	Varberg	State		Zip	S-423 35	Co	Sweden			

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.